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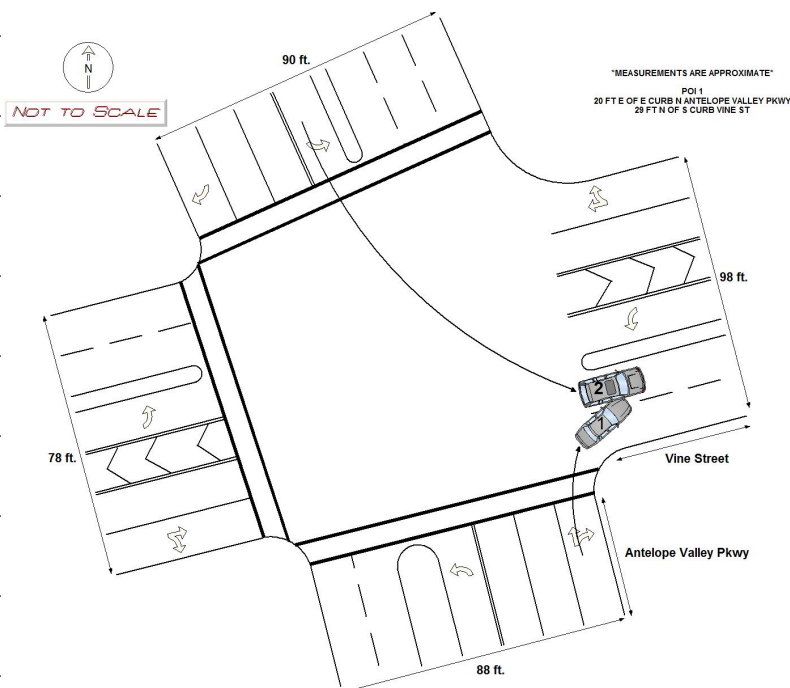
State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 023	Agency Case No. B5-092490	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/04/2015		(In Military Time) TIME OF ACCIDENT 1829	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1832	Amended	
B 60	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. VINE ST/N ANTELOPE PARKWAY - N 22ND			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	10/05/2015
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
				20.00	X	E CURB N ANTELOPE VALLEY
V1/M 02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	G46001544			STATE (Of License)	NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 1	DRIVER	JULIANNE HATFIELD			PHONE 4022775343	LOCAL NO.
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP 1335 GARRETT AVE, WAHOO, NE 68066			DATE OF BIRTH (MM / DD / YYYY)	05/23/1942
G 2	OWNER	JULIANNE HATFIELD			PHONE 4022775343	LOCAL NO. 05-23-1942
H 5	OWNER ADDRESS	CITY, STATE, ZIP 1335 GARRETT AVE, WAHOO, NE 68066			CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB490913
V1/O 2	LICENSE PLATE PA NO.	6B9983			YEAR (Plate Expires) 2015	STATE (Of Plate) NE
V2/O 2	VEHICLE	YEAR 2014	MAKE Toyota	MODEL AVALON	BODY STYLE 4 door Sedan	COLOR red ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1500
I 1	VEHICLE ID NO. (VIN)	4T1BK1EB7EU124250			INSURANCE COMPANY	FARMERS MUTUAL INSURANCE CO
	TOWED TO	TOWED BY			POLICY NO.	AU275658
VEHICLE NO. 2						
F 1	DRIVER LICENSE NO.	H12871570			STATE (Of License)	NE SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER	MIKAELA L KELLER			PHONE 4028057684	LOCAL NO.
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP 1017 N 30TH ST, LINCOLN, NE 68503			DATE OF BIRTH (MM / DD / YYYY)	05/18/1987
J 01	OWNER	MIKAELA L KELLER			PHONE 4028057684	LOCAL NO. 05-18-1987
	OWNER ADDRESS	CITY, STATE, ZIP 1017 N 30TH ST, LINCOLN, NE			CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
V1/Q 4	LICENSE PLATE PA NO.				YEAR (Plate Expires)	STATE (Of Plate) NE
V2/Q 4	VEHICLE	YEAR 2010	MAKE Toyota	MODEL RAV4	BODY STYLE Medium/large	COLOR black ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1500
K 01	VEHICLE ID NO. (VIN)	2T3DF4DV9AW062233			INSURANCE COMPANY	STATE FARM INSURANCE COMPAN
	TOWED TO	TOWED BY			POLICY NO.	073 2677-D01-27E
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME	EMS RUN REPORT NO.

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



D1 reported she was stopped at the red traffic signal for northbound Antelope Valley at Vine St. D1 said she did not see any vehicles in her path so she turned right (eastbound) onto Vine St. D1 said she collided with V2. D2 said she was stopped for traffic southbound on Antelope Valley at Vine St in the left turn lane. D2 said her signal turned to a green arrow and she proceeded to turn left (eastbound) onto Vine St. D2 said she observed V1 turning and thought the driver would go into the south lane not her north lane. D2 said she collided with V1. No injuries reported. State accident forms provided.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME			ADDRESS	PHONE
	NAME			ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	4			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																
1			X		VINE ST																
2			X		VINE ST																
1	05				06 Turning left																
2	06				07 Making U-turn																
					08 Entering traffic lane																
					09 Leaving traffic lane																
					10 Parked																
					11 Slowing or stopped in traffic																
					12 Other																
					13 Unknown																
OFFICER NO. 1685					TROOP/TEAM/BEAT 2				DEPARTMENT Lincoln Police Department										Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
INVESTIGATOR NAME (Print or Type) Kyle Meyerson									INVESTIGATOR SIGNATURE Approved by Officer Kyle Meyerson											DATE OF REPORT 10/05/2015	